

ALL ITEMS WITH ASTERISK ★ MUST BE FILLED OUT

# BUILDING PERMIT APPLICATION

BECOMES PERMIT WHEN STAMPED

# BEAVER COUNTY

*Date				Receipt No.		Date issued		Permit Number	
*Proposed Use of Structure				<b>BUILDING FEE SCHEDULE</b>					
*Bldg. Address				Square Ft. of Building <input type="checkbox"/> Rough Basement <input type="checkbox"/> Finish Basement		Valuation Building Fees			
*Address Certificate No.				Assessors Parcel No.		Carport sq. ft.		Plan Check Fees	
*Lot#				*Block		Garage sq. ft.		Electrical Fees	
*Subd. Name & Number				Other				Plumbing Fees	
*Property Location				<input type="checkbox"/> *If metes and bounds see instructions		Type of Bldg.		Mechanical Fees	
				*No. of Dwellings		No. of Bldgs.		Water	
						No. of Stories		Sewer	
*Total Property Area - in Acres or Sq. Ft.				Total Bldg. Site Area Used		Occ. Group		Storm Sewer	
*Owner of Property				Phone		Type of Construction		Moving or Demo.	
						<input type="checkbox"/> Frame <input type="checkbox"/> Brick Ver. <input type="checkbox"/> Brick <input type="checkbox"/> Block <input type="checkbox"/> Concrete <input type="checkbox"/> Steel		Temporary Conn.	
*Mailing Address				City		Max. Occ. Load		Reinspection	
								Other	
*Business Name Address				Business Lic. No.		Fire Zone			
						Fire Sprinklers Req. <input type="checkbox"/> Yes <input type="checkbox"/> No		Total	
*Architect or Engineer				Phone		Building Inspector Signature			
*General Contractor				Phone		Comments:			
*Business Address				*State Lic. No.		*City/Co. Lic. No.		Plan Chk. OK by	
								Special Approvals	
*Electrical Contractor				Phone				Required	
								Received	
*Business Address				*City/Co. Lic. No.				Not Req.	
*Plumbing Contractor				Phone					
*Business Address				*City/Co. Lic. No.					
*Mechanical Contractor				Phone					
*Business Address				*City/Co. Lic. No.					
*Previous Use of Land or Structure									
*Dwell. Units Now on Lot				*Accessory Bldgs. Now on Lot					
*Type of Improvement/Kind of Const.									
<input type="checkbox"/> Sign <input type="checkbox"/> Build <input type="checkbox"/> Remodel <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Convert Use <input type="checkbox"/> Demolish									
*No. of off street parking spaces:									

*No. of off street parking spaces:		Covered		Uncovered	
SUB-CHECK		Zone		Zone Approved By	
Disapproved					
Approved		Date		Sub-Ck. By	

  

Setbacks in Feet			
Front	Side	Side	Rear

  

Indicate Street  
If Corner Lot

Other

Bond Required ☐ Yes ☐ No      Amount

Signature of Approval

This permit becomes null and void if work or construction authorized is not commenced within 120 days, or if construction or work is suspended or abandoned for a period of 120 days at any time after work is commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not the granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction and that I make this statement under penalty of perjury.

Signature of Contractor or Authorized Agent      Date

Signature of Owner (if owner)      (Date)

NOTE: 24 hours notice is required for all inspections.